

Medi-Cal Program Guide (MPG) Letter #615

November 30, 2007

Subject	COUNTY MEDICAL SERVICES (CMS) –EXPANSION AND REVISED ELIGIBILITY DETERMINATION PROCESS
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Effective Date	December 01, 2007
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Reference	County Board Letter 10/24/2007
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Purpose	The purpose of this letter is to update Article A of the MPG to include information regarding an expansion to the CMS Program and revisions to the eligibility determination process.
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Background	Currently, the CMS Program provides medical services at zero cost to individuals who meet CMS eligibility criteria and whose family income does not exceed 135% of the annually adjusted Federal Poverty Level (FPL).
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An expansion to the CMS Program was approved by the San Diego County Board of Supervisors on 10/24/07. As a result, CMS Program benefits shall be certified under two separate eligibility categories. These two categories are referred to as CMS, and CMS Expansion.

CMS Expansion provides services to individuals who meet all CMS eligibility criteria and whose monthly net countable income is above 135% FPL up to and including 165% of the annually adjusted FPL. The scope of services provided under CMS and CMS Expansion are identical. CMS Expansion beneficiaries who have a co-payment will pay their co-payments directly to their CMS providers for medical services and medications. The revised income level chart and co-payment fee schedule have been included with this letter as Attachment A. Co-payment amounts vary depending on the services received.

Applicants who have been determined eligible with a co-payment, or who have been denied for excess income (over 165% FPL), but are otherwise eligible for CMS, will be given an application packet to apply for a CMS Hardship Waiver. Upon receipt of a completed Hardship Waiver application packet (including all required verifications), eligibility for CMS will be evaluated.

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Changes to the Eligibility Determination Process

Effective 12/1/07, workers shall use the revised CMS Maintenance Need Level (MNL) chart and the revised CMS budget worksheet (Attachment B) to determine eligibility for CMS and CMS Expansion eligibility categories.

Applicants meeting all CMS eligibility criteria and whose monthly net countable family income is at or below 135% of the FPL (as shown on the standard CMS MNL chart) shall be certified for zero cost benefits under the standard CMS eligibility category. A new notice of action (CMS-39A) has been created and shall be used to notify individuals of the eligibility approval. Workers will continue to issue the CMS Identification Card (blue card) and CMS Patient handbook to individuals certified under this eligibility category.

Applicants meeting all CMS eligibility criteria and whose monthly net countable family income is above 135% FPL, up to and including 165% FPL (as shown on the CMS Expansion MNL chart), shall be certified for coverage with required co-payments under the CMS Expansion eligibility category. The new notice of action (CMS-39A) shall be used to notify individuals of the eligibility approval and workers shall issue the new CMS Expansion Identification card (green card), along with CMS Patient handbook, CMS Hardship Waiver application packet to individuals certified under this eligibility category.

Hardship Waivers

There is only one CMS Hardship Waiver Packet, which will be used for all hardship evaluations.

Financial Hardship Waiver of Co-Payments

The worker shall provide a CMS Hardship Waiver application packet, along with approval NOA CMS-39A to all applicants who are determined eligible to CMS Expansion with a co-payment. The worker must pull out the CMS Hardship Medical Statement before providing the packet to the applicant. The applicant should submit the completed packet to the CMS Hardship Evaluation Unit MS-0557E, if they state that the co-payments will create a financial hardship. If the co-payment waiver is granted, the applicant will be issued the blue CMS Identification Card, effective the first of the month following waiver approval thru the remainder of the certification period. The designated worker in the CMS Hardship Evaluation Unit shall complete the CMS-4 to report approvals and denials of the co-payment waiver to the Administrative Services Organization (ASO)

Financial Hardship Waiver- Over Income Denials

When the applicant's monthly net countable income exceeds 165% FPL, the applicant shall be denied. If excess income is the only reason for denial, the worker shall provide the applicant with a CMS Hardship Waiver application packet, along with the denial NOA-CMS39D. The applicant should submit the completed packet to the CMS Hardship Evaluation Unit to MS-0557E. If approved for the Financial Hardship Waiver, the applicant will be automatically evaluated for the co-payment waiver. If the co-payment waiver is approved, the applicant will be certified for CMS with no co-payments and issued the blue CMS Identification Card and a CMS Patient handbook. If the co-payment waiver is not approved, the applicant will be certified for CMS with co-payments and issued the green CMS Identification Card and CMS Patient handbook. If the waiver is denied, the applicant is not eligible to CMS and may apply for a Medical Hardship Waiver.

Medical Hardship Waiver

If approved for the Medical Hardship waiver the applicant will be automatically evaluated for the co-payment waiver. If the co-payment waiver is approved, the applicant will be certified for CMS without a co-payment and issued the blue CMS Identification Card and CMS Patient handbook. If the co-payment waiver is denied, the applicant is certified for CMS with a co-payment and issued the green CMS Identification Card and CMS Patient handbook. If the Medical Hardship Waiver is denied, the applicant is not eligible to CMS Expansion program.

Notices of Action and Appeals Rights

New Notice of Actions have been created and shall be used to notify individuals of the eligibility approval (CMS-125A) or denial (CMS-125D) of the CMS Hardship Waivers and their appeal rights, which remain unchanged. The designated worker in the Hardship Evaluation Unit shall complete a CMS-4 to report the disposition of the CMS Hardship Waiver to the ASO. The applicant may simultaneously request a CMS Hardship Waiver when they request an appeal and/or First Level Supervisory Review for the denial of excess income.

See MPG Article A, Section 13 for instructions related to Hardship Waivers.

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Liens

Effective 12/01/2007, all CMS and CMS Expansion applicants will be required to complete and sign the CMS Grant of Lien (CMS-122) and CMS Lien Information (CMS-123) forms as a condition of eligibility. The Lien Cover Sheet (CMS-123A) will also be provided to all applicants. All forms must be signed in English. Spanish speaking applicants must also sign the lien forms in Spanish to acknowledge receipt of lien forms in Spanish. These forms will be used to apply a lien towards the applicant's current or future real estate holdings to recover the cost of claims paid by CMS on the applicant's/beneficiary's behalf. Liens are not initiated until the beneficiary is no longer active on CMS and CMS has paid claims of \$5,000 or more on the beneficiary's behalf.

Other Art. A Changes Included with this Letter

- Article A, Section 1, CMS Expansion program description
 - Article A, Section 2, Item 2, added Exception #2, as clarification for HOS workers regarding requests for CMS coverage of an uncertified ER visit in a prior month.
 - Article A, Section 2, Item 2E, added instructions for creating new or converting old CMS cases using a 6-digit case number.
 - Article A, Section 5, Appendix A1, A2, B, C, added
 - Article A, Section 8, Appendix B1, removed.
 - Article A, Section 9, updated CMS Forms list.
 - Article A, Section 13, and Appendix A added
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Automation Impact

IDX programming changes have been made to accommodate the addition of the CMS Expansion eligibility category. New plan descriptions titles have been added to the enrollment screen and will identify persons in the CMS Expansion category.

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Forms Impact

The table below shows the CMS forms affected by these changes. Workers shall begin using the new or revised forms immediately as of the effective date of the changes shown on this letter. All obsolete and revised forms, including shelf stock, should be recycled.

Number	Title	Change	Action	Attachment
CMS-38	CMS Budget Worksheet	Revised	Use revised form eff 12/01/07	B
CMS-38H	CMS Hardship Budget Worksheet	New form	Use eff 12/01/07	C
CMS-15	Rights & Responsibilities	Language revised	Use revised form eff 12/01/07	D
CMS-15 (SP)	Rights & Responsibilities (SP)	Language revised	Use revised form eff 12/01/07	D
CMS-23	Coverage Information	Language revised	Use revised form eff 12/01/07	E
CMS-23 (SP)	Coverage Information	Language revised	Use revised form eff 12/01/07	E
CMS-39	Notice of Action – Eligibility Determination Approval/Denial	Obsolete	Replaced by CMS-39A & CMS-39D eff 12/01/07	
CMS-39A	Notice of Action-Eligibility Approval	New notice	Replaces CMS-39 eff 12/01/07	F
CMS-39A (SP)	Notice of Action Eligibility Approval (SP)	New notice	Replaces CMS-39 eff 12/01/07	F
CMS-39D	Notice of Action-Eligibility Denial	New notice	Replaces CMS-39 eff 12/01/07	G
CMS-39D (SP)	Notice of Action-Eligibility Denial (SP)	New notice Spanish	Replaces CMS-39 eff 12/01/07	G
CMS-122	CMS Grant of Lien	New notice	Use eff 12/01/07	H
CMS-122 (SP)	CMS Grant of Lien	New notice	Use eff 12/01/07	H
CMS-123A	CMS Lien Acknowledge Statement	New notice	Use eff 12/01/07	I
CMS-123	CMS Lien Information	New notice	Use eff 12/01/07	I

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Number	Title	Change	Action	Attachment
CMS-123 (SP)	CMS Lien Information	New notice Spanish	Use eff 12/01/07	I
CMS-125A	Notice of Action – CMS Financial/Medical Hardship Waiver Approval	New notice	Use eff 12/01/07	J
CMS-125A (SP)	Notice of Action – CMS Financial/Medical Hardship Waiver Approval	New notice Spanish	Use eff 12/01/07	J
CMS-125D	Notice of Action- CMS Financial/Medical Hardship Waiver Denial	New notice	Use eff 12/01/07	K
CMS-125D (SP)	Notice of Action- CMS Financial/Medical Hardship Waiver Denial	New form Spanish	Use eff 12/01/07	K
CMS-126	Notice of Action- CMS Financial/Medical Hardship Co-Payment Waiver	New form	Use eff 12/01/07	L
CMS-126 (SP)	Notice of Action- CMS Financial/Medical Hardship Co-Payment Waiver	New form Spanish	Use eff 12/01/07	L
CMS-88	Hardship Waiver Medical Statement	New form	Use eff 12/01/07	M
CMS-07-22	Employment Form	New form	Use eff 12/01/07	N
CMS-07-22 (SP)	Employment Form	New form	Use eff 12/01/07	N
CMS-01	Application for CMS Hardship Waiver	New form	Use eff 12/01/07	O

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CMS-01A	Hardship Waiver Cover Letter	New form	Use eff 12/01/07	P
CMS-01A (SP)	Hardship Waiver Cover Letter	New form	Use eff 12/01/07	P
CMS-125 AL-M	Request for Hardship Waiver Medical Statement	New form	Use eff 12/01/07	Q
CMS- 125AL	Request for 2 nd Medical Opinion	New form	Use eff 12/01/07	R
CMS-14	Rights and Responsibilities	Obsolete	Replaced by CMS-39A & CMS-39D eff 12/01/07	

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Quality Assurance Impact

Effective with the next review month occurring after 01/01/08, Quality Assurance will cite with the appropriate error any case that does not meet the requirements of this letter.

Summary of Change

The table below shows the changes made to the Medi-Cal Program Guide (MPG).

Article/Section	Changes
Article A, Section 1	CMS Expansion Program Overview
Article A, Section 2	CMS Expansion Application process with the introduction of lien forms.
Article A, Section 5	CMS Expansion Lien forms, instructions, and MNL, Co-payment charts.
Article A, Section 13	New section-Hardship Exceptions/Waivers

Filing Instructions

The table below shows how to file the MPG material.

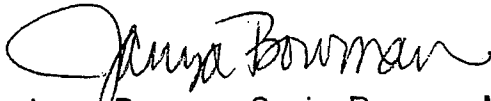
Action	Pages
Remove	Article A, Sections 1, 2, 5, 9
Replace	Article A, Sections 1, 2, 5, 9
Add	Article A, Section 13
Add	Article A, Section 13 appendix A and B
Add	Article A, Section 5 appendix A, B, C

Important Note

The MPG is available in its entirety on the County Intranet by accessing <http://intranet/manuals/mpg/index.html>. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

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**Manager
Approval**



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